## COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION APPLICATION

KANSAS DEPARTMENT OF AGRICULTURE RECORDS CENTER - PESTICIDE 109 SW NINTH STREET, TOPEKA, KS 66612 Phone (785) 296-5360, Fax (785) 296-6418

E-mail: records@kda.state.ks.us Website: http://www.ksda.gov

1. Have you EVER tes	ted for Commercial F	Pesticide A	Applicator Certif	ication <b>i</b>	<b>n Kansas</b> befor	e? YES	NO
Please provide Kans	sas Certification Num	ber if you	are currently ce	ertified o		en certified: Categories:	
2. PERSONAL INFOR	MATION:						
Social Security No.					Birth Date		
Last Name					Telephone		
First Name					Fax		
Address					E-Mail		
City		County		State		Zip	
3. CATEGORY/SUBCA	ATEGORY: Please c	heck the	subcategories	for which	ch you are apply	ying for certifica	ation:

CATEGORY/SUBCATEGORY: Please check the subcategories for which you are applying for certification:							
Category 1	Category 5	Category 8					
1A - Agricultural Plant	5 - Aquatic	8 - Public Health					
1B - Agricultural Animal	5S - Aquatic Pest Control - Sewer	Category 9					
1C - Wildlife Damage Control	Category 6	9A - Noxious Weed					
Category 2	6 - Right-of-Way	9B - Regulated					
2 - Forest	Category 7	Category 10					
Category 3	7A - Wood-Destroying	10 - Demonstration/Research					
3A - Ornamental	7B - Stored Products						
3B - Turf	7C - Industrial Weed Control	General (no fee required)					
3C - Interior Landscape	7D - Health-Related						
Category 4	7E - Structural						
4 - Seed Treatment	7F - Wood Preservation/Wood Products						

4. **EXAM REQUIRED FEES:** The application fee is \$50 per category and the exam fee is \$35 per category. The per category fee includes all subcategories within one category. For example, Category 3 includes subcategories 3A, 3B & 3C. No fee is required for the General exam. Applicants who fail exams may retest upon paying an additional fee of \$35 per category. **Reciprocal fees** (see No. 8).

PLEASE DO NOT WRITE IN THIS BOX (For Kansas Department of Agriculture use only)

Fee	Code	Transaction No	Receipt Date	Check No	Cert #	Categories	Entry	Cert.	Eff Date	Exp Date	Initial	Process
			1				,	by		1		Date
	PUE									12-31		
	CMC											

KPL-300 (Rev 1/07)

Employer Pesticide Business License No.  Employer Name:  Employer Address:  Employer City, State, Zip:  6. CERTIFICATION PROBLEMS years? If yes, please provide the state:  7. OTHER STATE CERTIFICATION				Employme Date:	ent	
Employer Address:  Employer City, State, Zip:  6. CERTIFICATION PROBLEMS years? If yes, please provide the state.				Employer Phor		
Employer City, State, Zip:  6. CERTIFICATION PROBLEMS years? If yes, please provide the states				Employer Phor		
6. CERTIFICATION PROBLEMS years? If yes, please provide the states				Employer Phor		
years? If yes, please provide the states					ne:	
7 OTHER STATE CERTIFIC		a brief description of the		ended, revoked, or denic		uring the last five
7 OTHER STATE CERTIFICA						
licenses you have had in other stat			RMATION: Please	indicate any other po	esticide certific	ations or
State Years	State	Years	State	Years	State	Years
CALL THE RECORDS CENTE reciprocal process. (785-296-5360  Missouri Certification No.  -\$150.00 minimum for up to (3)ca -you must be a resident of MO		Nebraska Certifica	ation No or \$100.00 for two		Certification N	
Indiana Certification No				<b>Texas</b> Certi -\$4 <b>50.00</b> f	fication No or one or more	
9. <b>EFFECTIVE PERIOD:</b> Compared of issue, unless renewed prior or reciprocity and with the receipt	r to that dat	e. Certification may	be renewed for a s			
APPLICANT SIGNATURE:	hereby at	test the information	on this application	on is true, complete	and accurate	<del>)</del> .
SIGNATURE:				DATE SIGNED: _		

5. **EMPLOYER INFORMATION:** <u>Please complete employer information even if you are not working for a pesticide business</u>. If you plan to use your commercial pesticide applicator certification to apply pesticides for *compensation*, you must work as an employee of a